98000001467



ACCOUNT NO. : 072100000032

REFERENCE: 854008

7149102

AUTHORIZATION ;

ORDER DATE: June 12, 1998

ORDER TIME: 11:26 AM

ORDER NO. : 854008-005

CUSTOMER NO: 7149102

CUSTOMER: Ms. Sue Tallmadge

CENTRES INC.

2 Datran Center, Suite 1602

9130 S. Dadeland Boulevard

Miami, FL 33156

100002558681--8

DOMESTIC FILING

NAME:

CENTRES LAPLACE LIMITED

PARTNERSHIP

EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Turner

EXAMINER'S INITIALS

DIVISION OF CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 12, 1998

RESUBMIT

Please give original aubmission date as file date.

ROBERT TURNER CSC TALLAHASSEE, FL

SUBJECT: CENTRES LAPLACE LIMITED PARTNERSHIP

Ref. Number: W98000013590

We have received your document for CENTRES LAPLACE LIMITED PARTNERSHIP and the authorization to debit your account in the amount of \$148.75. However, the document has not been filed and is being returned for the following:

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey Corporate Specialist Supervisor

Letter Number: 098A00033042

98 JUN 15 AM 10: 51
DIVISION OF CORPORATION

CERTIFICATE OF LIMITED PARTNERSHIP OF CENTRES Laplace LIMITED PARTNERSHIP

The undersigned, desiring to form a limited partnership in accordance with the provisions of the Florida Revised Uniform Limited Partnership Act of 1986, as set forth in Sections 620.101 to 620.192, Florida Statutes, as amended, hereby states as follows:

- 1. The name of the limited partnership is CENTRES LaPLACE LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership").
- 2. The address of the principal and registered office of the Limited Partnership is:

Two Datran Center, Suite 1528 9130 South Dadeland Boulevard Miami, Florida 33156

3. The name and address of the agent for service of process required to be maintained by Section 620.105, Florida Statutes, as amended are:

CENTRES LaPLACE GP, INC.

a Florida corporation 9130 South Dadeland Boulevard Suite 1528 Miami, Florida 33156

4. The name and business address of the sole general partner of the Limited Partnership are:

CENTRES LaPLACE GP INIC (CENTRES LaPLACE GP INIC)

CENTRES LaPLACE GP, INC. a Florida corporation c/o Centres, Inc. 3315 North 124th Street, Suite E Brookfield, Wisconsin 53005

5. The mailing address of the sole general partner of the Limited Partnership is:

c/o Centres, Inc.
3315 North 124th Street, Suite E
Brookfield, Wisconsin 53005

This Institutent Prepared by: Thomas E. Truske, Esq Florida Bar No. 0051365 Centres Inc. Two Darran Center, State 1528 9130 South Dadeland Boulevard Mistrii, Florida 33156 6. The latest date upon which the Limited Partnership is to dissolve is December 31, 2045.

The execution of this Certificate of Limited Partnership on behalf of the undersigned sole general partner constitutes an affirmation that the facts stated herein are true.

IN WITNESS WHEREOF, this Certificate of Limited Partnership has been executed on behalf of the sole general partner of the Limited Partnership as of the of June, 1998.

CENTRES LaPLACE GP, INC., a Florida corporation

Michelle M. Nennig, Vice President

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

The undersigned, as Vice President and on behalf of CENTRES LaPLACE GP. INC., a Florida corporation (the "Corporation"), which has been designated as registered agent for CENTRES LaPLACE LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership"), in the foregoing Certificate of Limited Partnership of the Limited Partnership, hereby agrees that the Corporation will accept service of process for and on behalf of the Limited Partnership and that the corporation will comply with any and all laws, including, without limitation, Section 620.192, Florida Statutes, as amended, relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited partnership.

Dated: June ______ 1998

CENTRES LaPLACE GP, INC., a Florida corporation

Michelle M. Nennig, Vice Presiden

AFFIDAVIT OF CAPITAL CONTRIBUTIONS

STATE OF FLORIDA: COUNTY OF DADE:

BEFORE ME, the undersigned authority, a notary public authorized to administer oaths and to take acknowledgments in and for the State and County aforesaid, personally appeared Michelle M. Nennig, as Vice President of CENTRES LaPLACE GP, INC., a Florida corporation (the "Corporation"), which corporation is the sole general partner of CENTRES LaPLACE LIMITED PARTNERSHIP, a Florida limited partnership (the "Limited Partnership"), who, after first being duly sworn on oath, deposes and says as follows on behalf of the Corporation;

- 1. Affiant is the Vice President and duly authorized to act on behalf of the Corporation, which is the sole general partner of the Limited Partnership.
- 2. As of the date hereof, the limited partners of the Limited Partnership have actually contributed to the Limited Partnership an aggregate of \$1.00 of the total amount of \$5,000.00 in capital contributions anticipated to be contributed to the Limited Partnership by its limited partners.
- 3. Affiant is familiar with the nature of an oath and with the penalties as provided by the laws of the State of Florida for falsely swearing to statements made in an instrument of this nature. Affiant has read and understands the contents of this Affidavit and the facts stated herein are true and correct to the best of Affiant's knowledge and belief.

FURTHER AFFIANT SAYETH NAUGHT.

Michelle M. Nennig, as Vice President and on behalf of CENTRES LaPLACE GP, INC., a Florida corporation

THE FOREGOING INSTRUMENT was acknowledged, sworn to and subscribed before me this 11 day of June, 1998, by Michelle M. Nennig, as Vice President of CENTRES LaPLACE GP, INC., a Florida corporation, on behalf of such corporation, and who is personally known to me.

My Commission Expires:

Print Name: Sosan Tallmadel
NOTARY PUBLIC, STATE OF WISCONSIN

Serial No., if any:

ex Pires: 2-18-01